



Department of State

Division of Charitable Solicitations &amp; Gaming

William R. Snodgrass Tennessee Tower

312 Eighth Avenue North, 8<sup>th</sup> Floor

Nashville, TN 37243

(615) 741-2555 / (615) 253-5173 - fax

**NEW CHARITABLE ORGANIZATION  
QUARTERLY FINANCIAL REPORT  
(Unaudited)**

Date Received

**INSTRUCTIONS:** T.C.A. § 48-101-504(c) requires all new charitable organizations, subject to T.C.A. § 48-101-501 *et seq.*, to file quarterly financial reports with the Secretary of State during the first fiscal year of operation. These reports are due within thirty (30) days after the end of each quarter. Each report must be signed and notarized by two authorized officers.

If your first fiscal year began prior to registering with this office, the quarterly reports for periods ending more than thirty (30) days prior to registering are due upon making application.

1. Organization Name: \_\_\_\_\_

2. Registration Number: \_\_\_\_\_

3. Financial Period: ☐ 1<sup>st</sup> Quarter ☐ 2<sup>nd</sup> Quarter  
☐ 3<sup>rd</sup> Quarter ☐ 4<sup>th</sup> Quarter

\_\_\_\_\_  
 Month Day Year TO Month Day Year

**I. REVENUE**

Gross Contributions: \$ \_\_\_\_\_

Other Revenue: \$ \_\_\_\_\_

**Total Revenue** \$ \_\_\_\_\_**II. EXPENSES**

Program Services: \$ \_\_\_\_\_

Fundraising: \$ \_\_\_\_\_

Administrative: \$ \_\_\_\_\_

Other (Attach Schedule) \$ \_\_\_\_\_

**Total Expenses** \$ \_\_\_\_\_

Number of continuation pages attached: \_\_\_\_\_

## SIGNATURE SECTION

Two authorized officers of the organization must sign and notarize this financial report.

I certify that the above statements and all continuation sheets are true and accurate.

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### Notary Seal

Sworn to and Subscribed before me at:

\_\_\_\_\_  
City / State

This \_\_\_\_\_ day of \_\_\_\_\_, 200 \_\_\_\_\_

\_\_\_\_\_  
Notary Signature

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### Notary Seal

Sworn to and Subscribed before me at:

\_\_\_\_\_  
City / State

This \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_

\_\_\_\_\_  
Notary Signature

My commission expires: \_\_\_\_\_